No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5838

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3058 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles
c. LENGTH OF STAY (in this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 419 Boone Ave

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles
d. STREET ADDRESS (If rural, give location) 419 Boone Ave

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) c. (Last) Hayes

4. DATE OF DEATH (Month) (Day) (Year) Febuary 3 1949

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	March 2 1868	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bunceton Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME William Doyle
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE John Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs E.R. Engholm 419 Boone St Charles

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF LIVER - DROPSY — INTERVAL BETWEEN ONSET AND DEATH: 1 YR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) FRACTURE RT. FEMUR — 1-5-49
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
C. 9° 22

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME
21c. (CITY, TOWN, OR TOWNSHIP) ST. CHARLES (COUNTY) ST. CHAS (STATE) MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JAN 5 1949 11 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur? FALL IN HOME 130

22. *I hereby certify that I attended the deceased from* JAN 5, 19 49, *to* FEB 3, 19 49, *that I last saw the deceased alive on* FEB 3, 19 49 *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS ST CHARLES MO
23c. DATE SIGNED 2-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Feb 5 1949
24c. NAME OF CEMETERY OR CREMATORY Pilot Grove Mo
24d. LOCATION (City, town, or county) (State) Pilot Grove Mo

DATE REC'D BY LOCAL REG. 2-16-49
REGISTRAR'S SIGNATURE Jannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE Kirkmann-Bunn
ADDRESS St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Dicked ... Number FEB 18 1949
Date ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed William C. Bass

Licensed Embalmer No. 3155

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.